



City of Leander
Utility Department
200 W. Willis St., P.O. Box 317
Leander, TX 78646-317
Office (512) 259-1142
Fax (512) 259-2665

UTILITY APPLICATION

As of September 1, 1993 two laws were passed concerning utility customers:

1. A utility customer now has the right to request confidentiality of personal information. Personal information is defined as "an individual social security number, address or telephone number". Typically these things have been available routinely through an Open Records Request. Please fill out the form at the bottom of the page and return it to our office. This information will become confidential when you check the proper box. All other information on your account is still subject to the terms and conditions of the Open Records Act. Further, this information is still available to other utility suppliers, law enforcement agencies, government officials and consumer reporting agencies.
2. If you are a person who is 60 years of age or older and occupy the entire premises you will not be billed penalty for nonpayment of your utility account until the 25th day after which the bill is issued. If you wish to qualify for this provision, as passed by the Legislature, you must provide proof to the utility department (a copy of your driver's license).
3. On January 6, 2004 an ordinance was passed to allow 10% discount on water and wastewater services for senior citizens 65 or older or SSI disability. If you qualify you must show proof and be head of the household.

If you have any questions regarding the above mentioned please contact us at 512-259-1142.

APPLICANT: _____

CO-APPLICANT: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

HOME & WORK PHONE: _____

CELL PHONE: _____ SOCIAL SECURITY#: _____

DRIVERS LICENSE#-STATE: _____ DATE OF SERVICE: _____

_____ By marking this box I request that all-personal information, as defined by House Bill 859, be kept confidential until I provide a written request otherwise.

_____ I am over 60 years old and will bring proof to the city offices within three business days. I understand that until I submit proof to the city I will not be granted the payment delay as described.

_____ I am receiving SSI disability and am head of household or 65 or over and head of household and have shown proof.

CUSTOMER SIGNATURE _____ DATE _____

THIS FORM MUST BE RETURNED TO LEANDER UTILITY DEPARTMENT WITH A COPY OF YOUR IDENTIFICATION, SIGNATURE AND REQUIRED DEPOSIT. APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.